94

BEAVER DAM CENTER 410 ROEDL COURT 53916 Ownershi p: Corporati on BEAVER DAM Phone: (920) 887-7191 Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 99 Yes Total Licensed Bed Capacity (12/31/01): 128 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 92

County: Dodge

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagra | Length of Stay (12/31/01) | % | | | |
|------------------------------------|-------|------------------------------|---------------------------|--------------|----------|---------------------------|---------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 45. 7 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 30. 4 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 5.4 | More Than 4 Years | 23. 9 |
| Day Services | No | Mental Illness (Org./Psy) | 16. 3 | 65 - 74 | 13. 0 | | |
| Respite Care | Yes | Mental Illness (Other) | 0. 0 | 75 - 84 | 30.4 | | 100. 0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 42.4 | ********* | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemi plegic | 2. 2 | 95 & 0ver | 8.7 | Full-Time Equivalent | |
| Congregate Meals | No | Cancer | 2. 2 | ĺ | j | Nursing Staff per 100 Res | i dents |
| Home Delivered Meals | No | Fractures | 17. 4 | | 100.0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 31. 5 | 65 & 0ver | 94. 6 | | |
| Transportation | Yes | Cerebrovascul ar | 7. 6 | [`] | | RNs | 8. 0 |
| Referral Service | Yes | Di abetes | 4. 3 | Sex | % | LPNs | 9. 9 |
| Other Services | No | Respi ratory | 10. 9 | Í | · | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 7. 6 | Male | 32. 6 | Aides, & Orderlies | 44. 1 |
| Mentally Ill | No | | | Female | 67.4 | | |
| Provi de Day Programming for | | | 100. 0 | | j | | |
| Developmentally Disabled | No | | | | 100. 0 | | |
| ************ | ***** | ************ | ****** | ******* | ******** | ********* | ***** |

Average Daily Census:

Method of Reimbursement

| | | Medicare litle 18 | | | edicaid itle 19 | = | | 0ther | | | Pri vate Pay | ; | | amily Care | | | anaged Care | | | |
|--------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|--------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|-----------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | % Of Al l |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Skilled Care | 13 | 100.0 | 320 | 59 | 92. 2 | 102 | 1 | 100. 0 | 109 | 14 | 100.0 | 153 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 87 | 94. 6 |
| Intermedi ate | | | | 5 | 7.8 | 84 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 5 | 5.4 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Total | 13 | 100.0 | | 64 | 100.0 | | 1 | 100. 0 | | 14 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 92 | 100. 0 |

County: Dodge BEAVER DAM CENTER

| ***** | | ***** | | **** | **** | ***** | **** |
|--------------------------------|-------|-----------------------|------------------|-------------|-----------------|-------------------------|-----------|
| Admissions, Discharges, and | | Percent Distribution | $of\ Residents'$ | Conditions, | Services, a | nd Activities as of 12/ | /31/01 |
| Deaths During Reporting Period | ļ | | | | | | |
| | | | Total | | | | |
| Percent Admissions from: | | Activities of | % | Assi sta | nce of | % Totally | Number of |
| Private Home/No Home Health | 13. 1 | Daily Living (ADL) | Independent | One Or T | wo Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathi ng | 5 . 4 | 65 | 5. 2 | 29. 3 | 92 |
| Other Nursing Homes | 0. 7 | Dressi ng | 33. 7 | 51 | . 1 | 15. 2 | 92 |
| Acute Care Hospitals | 86. 2 | Transferring | 39. 1 | 40 |). 2 | 20. 7 | 92 |
| Psych. HospMR/DD Facilities | 0. 0 | Toilet Use | 34. 8 | 41 | . 3 | 23. 9 | 92 |
| Rehabilitation Hospitals | 0.0 | Eating | 83. 7 | 15 | 5. 2 | 1. 1 | 92 |
| Other Locations | 0.0 | ********* | ****** | ******** | ******* | ******** | ****** |
| Total Number of Admissions | 145 | Continence | | % Spe | cial Treatmen | nts | % |
| Percent Discharges To: | | Indwelling Or Externa | ıl Catheter | 6. 5 R | eceiving Resp | piratory Care | 17. 4 |
| Private Home/No Home Health | 42. 1 | Occ/Freq. Incontinent | | 52. 2 R | ecei vi ng Trad | cheostomy Care | 0. 0 |
| Private Home/With Home Health | 1.4 | Occ/Freq. Incontinent | of Bowel | 46. 7 R | ecei vi ng Suct | ti oni ng Č | 0. 0 |
| Other Nursing Homes | 6. 2 | <u> </u> | | R | eceiving Osto | omy Care | 1. 1 |
| Acute Care Hospitals | 6. 9 | Mobility | | R | ecei vi ng Tube | e Feeding | 1. 1 |
| Psych. HospMR/DD Facilities | 2.8 | Physically Restrained | 1 | 0. 0 R | eceiving Mecl | hanically Altered Diets | s 27. 2 |
| Rehabilitation Hospitals | 0.0 | j j | | | J | J | |
| Other Locations | 9. 7 | Skin Care | | 0th | er Resident (| Characteri sti cs | |
| Deaths | 31.0 | With Pressure Sores | | 2. 2 H | lave Advance l | Di recti ves | 77. 2 |
| Total Number of Discharges | | With Rashes | | 13.0 Med | li cati ons | | |
| (Including Deaths) | 145 | İ | | R | eceiving Psyc | choactive Drugs | 51. 1 |
| | | | | | | | |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

| ************************************** | | | | | | | | | | |
|--|---|--------|-----------|--------|------------|---------|-------|--------|--------|--|
| | Ownership: This Proprietary Facility Peer Group | | Bed | Si ze: | Li c | ensure: | | | | |
| | | | pri etary | 100 | - 199 | Ski | lled | Al | l | |
| | | | Peer | Group | Peer Group | | Faci | lities | | |
| | % | % | Ratio | % | Ratio | % | Ratio | % | Rati o | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 73. 2 | 82. 5 | 0. 89 | 84. 1 | 0. 87 | 85. 8 | 0. 85 | 84. 6 | 0. 86 | |
| Current Residents from In-County | 92. 4 | 74. 3 | 1. 24 | 79. 3 | 1. 16 | 69. 4 | 1. 33 | 77. 0 | 1. 20 | |
| Admissions from In-County, Still Residing | 26. 2 | 19. 8 | 1. 32 | 25. 5 | 1. 03 | 23. 1 | 1. 13 | 20. 8 | 1. 26 | |
| Admi ssi ons/Average Daily Census | 154. 3 | 148. 2 | 1. 04 | 110. 2 | 1. 40 | 105. 6 | 1. 46 | 128. 9 | 1. 20 | |
| Discharges/Average Daily Census | 154. 3 | 146. 6 | 1. 05 | 110. 6 | 1. 39 | 105. 9 | 1. 46 | 130. 0 | 1. 19 | |
| Discharges To Private Residence/Average Daily Census | 67. 0 | 58. 2 | 1. 15 | 41. 2 | 1.63 | 38. 5 | 1.74 | 52. 8 | 1. 27 | |
| Residents Receiving Skilled Care | 94. 6 | 92. 6 | 1. 02 | 93. 8 | 1. 01 | 89. 9 | 1. 05 | 85. 3 | 1. 11 | |
| Residents Aged 65 and Older | 94. 6 | 95. 1 | 0. 99 | 94. 1 | 1. 01 | 93. 3 | 1. 01 | 87. 5 | 1. 08 | |
| Title 19 (Medicaid) Funded Residents | 69. 6 | 66. 0 | 1.05 | 66. 9 | 1. 04 | 69. 9 | 0. 99 | 68. 7 | 1. 01 | |
| Private Pay Funded Residents | 15. 2 | 22. 2 | 0.69 | 23. 1 | 0. 66 | 22. 2 | 0. 68 | 22. 0 | 0. 69 | |
| Developmentally Disabled Residents | 0. 0 | 0.8 | 0.00 | 0. 6 | 0.00 | 0.8 | 0.00 | 7. 6 | 0.00 | |
| Mentally Ill Residents | 16. 3 | 31.4 | 0. 52 | 38. 7 | 0.42 | 38. 5 | 0.42 | 33. 8 | 0. 48 | |
| General Medical Service Residents | 7. 6 | 23.8 | 0. 32 | 21.8 | 0. 35 | 21. 2 | 0. 36 | 19. 4 | 0. 39 | |
| Impaired ADL (Mean) | 39. 6 | 46. 9 | 0.84 | 48. 4 | 0. 82 | 46. 4 | 0. 85 | 49. 3 | 0. 80 | |
| Psychological Problems | 51. 1 | 47. 2 | 1.08 | 51. 9 | 0. 99 | 52. 6 | 0. 97 | 51. 9 | 0. 98 | |
| Nursing Care Required (Mean) | 7. 7 | 6. 7 | 1. 16 | 7. 5 | 1.03 | 7.4 | 1.04 | 7. 3 | 1.06 | |